

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51		
2							52	2	
3							53	2	
4							54	2	
5							55	2	
6							56	2	
7							57	2	
8							58	2	
9							59	2	
10							60	2	
11							61	2	
12							62	2	
13							63	2	
14							64	2	
15							65		
16							66	2	
17							67	2	
18							68	2	
19							69	2	
20							70	2	
21	1						71	2	
22		2					72	2	
23		1					73	2	
24		1					74	2	
25		2					75	1	
26		2					76		
27		2					77		
28		2					78		
29		2					79	1	
30		1					80	1	
31	1						81	1	
32	1						82	1	
33							83	1	
34							84	1	
35							85		
36							86		
37							87		
38							88		
39							89		
40		1					90		
41		1					91		
42		1					92		
43		1					93		
44		1					94		
45		1					95		
46		1					96		
47		1					97		
48							98		
49							99		
50		1					100		
TOTAL IND.							TOTAL IND.		
TOTAL DEP.							TOTAL DEP.	48	
TOTAL CLAIMS							TOTAL CLAIMS	115	